

## THE SELF-CONCEPT OF CHRONIC RENAL FAILURE PATIENTS WHO UNDERGOING HEMODIALYSIS IN DR SOERADJI TIRTONEGORO HOSPITAL

Insiyah, Sulistyowati, E.C., Rahmawati, F.M.

Health Polytechnic of Surakarta

Email: insiyahkamal@gmail.com

### ABSTRACT

**Introduction:** Chronic Kidney Disease (CKD) is a health problem that is increased every year. All stages of CKD are related to the increased risk of cardiovascular morbidity, premature mortality and the decreased quality of life (Hill, NR, Fatoba, ST, Oke, JL, Hirst, JA, O'Callaghan, CA, Laseserson, JS, Hobbs, FDR 2016). People who experience chronic kidney disease (CKD) will require renal replacement therapy, and one of treatment for patient with CKD is hemodialysis. Patients undergoing hemodialysis will experience psychological, sociological, spiritual, biological, and physical change that result in the changes of self-concept. The Purpose of this research was to describe self-concept of chronic renal failure patients who undergoing hemodialysis in dr Soeradji Tirtonegoro Hospital Klaten. **Method:** This research is descriptive survey research design. The sampling technique is purposive sampling of 30 respondents using inclusion and exclusion criteria. Instrument of self-concept used modified questionnaire from The Tennessee Self Concept Scale (TSCS) (Fitts, WH & Warren, WC 1996) and Musyanawati (2015). **Results:** The result showed that 30 respondents (100%) had adaptive self concept, but respondents showed symptoms that risk on changing self concept. Body image of respondents are in the positive and negative ranges. Ideal self of respondent was in the realistic and unrealistic ranges. Self esteem of respondents is in the high and low range. Role of respondents are in the performance unsatisfactory and satisfactory. Identity respondents are in the range of clear identity to negative range. **Discussion:** Overall, the self concept in patients undergoing hemodialysis are in the adaptive ranges, but respondents showed symptoms that risk on changing self concept.

**Keywords:** Chronic Renal Failure, Hemodialysis, Self Concept

### INTRODUCTION

Chronic Kidney Disease (CKD) is one of disease with high incidence and called silent disease because it doesn't show the sign and symptom at the beginning. Commonly this disease known by the sufferer after the disease has been so bad and need medical treatment to replace the function of the renal. According to Center for disease control and prevention cited in Lukman (2013), the prevalence of CKD in US in 2002 was counted 345.000 people, and at the end of 2007 increased to 80.000 people. Year 2010 the incidence was increased more than 2 million of people. In Indonesia prevalence of CKD age  $\geq 15$  year in each province, the highest prevalence in Central Sulawesi 0,5%

followed by Aceh, Gorontalo, and North Sulawesi with similar number 0,4%. East Nusa Tenggara, South of Sulawesi, Lampung, West Java, Central Java, Yogyakarta, and East Java province, counted 0,3% each province (RISKESDAS cited in Health Ministry of Republic Indonesia 2013). Chronic kidney disease is pathophysiologic process with various etiology and result in the decreased of kidney function, progresive and usually end with renal failure. Renal failure is clinical condition with the sign of the decrease of renal fuction permanently. In the grade of replacement therapy, it needs dialysis or renal transplantation as a permanent renal function replacement (Suwitra, K cited in

Sudoyo, A.W., Setiyohadi, B., Alwi, I., K, M. S., & Setiati, S (Eds) 2010)

More than 70% countries in the world reported at least 80% of people suffering from CKD undergoing hemodialysis (Arova, 2014). The number of patient ongoing hemodialysis was 24524 people (Indonesia Renal Registry cited in Afiatin 2014). Chronic kidney disease patient undergoing regular hemodialysis increased from day to day. The number of patient increased fourfold in the last 5 years. The number of CKD patients need hemodialysis in Indonesia was estimated 150.000 people, but the number of patient undergoing hemodialysis was only 100.000 people. There is 200.000 new case of CKD in terminal stadium. (Perhimpunan Nefrologi Indonesia 2016).

Hemodialysis could extend life of chronic kidney disease patient, however it could change the proccces of the disease and couldn't repair all renal function (Ratnawati cited in Musyanawati, 2015). Hemodialysis is treatment as physical stressor that result in life dimention changes including biological, psychological, sociological and spiritual changes. According to Asti, A D, Hamid, A Y S, & Putri, YSE (2014) patients undergoing hemodialisis experienced psychological, physical, activity, and spiritual changes. These changes occurred from beginning of hemodialysis until the long process of hemodialysis. Patient with hemodyalisis experience physical problem such as: nausea, vomiting, pain, muscle weaknesses, and oedema. Powerlessness and deficit self acceptance become psychological factor that contribute to the incidence of stress, anxiety and depression. The changes in physical, emotional, spiritual, and sociocultural can lead to the changes in self concept (Potter & Perry, 2010). The patient's personality should be taken into account, modalities and attention to passive-aggressive behavior can be considered as suitable intervention for hemodialysis patients (Hyphantis, T, Katsoudas, S & Voudiclari, S 2010).

Psychological defence mechanism and coping style can be place on a continuum of adaptability ranging from matur and adaptive to those that are immature, maladaptive, neurotic, and radical attempts to deal with stressor Defence mechanism and coping style are necessary to understanding neurogenic communication disorder. Defence mechanism and coping style play important role in psychological adaptation to disabilities (Stuart & Laraia 2007).

The availability of accurate data regarding the condition of the patient especially psychological data among CKD patient conducting hemodialysis becomes important for the nurses to give appropriate care by considering psychological aspects of the patient. Further more knowing the adaptation process of the patients and family through the research becomes important in empowering patients and family during lifetime treatment. According to preliminary study conducting in dr. Soeradji Tirtonegoro hospital year 2016, commonly patient performs hemodyalisis for 1 – 3 times a week. The number of patient having hemodialysis average 165 patients each month and the number of patient getting hemodyalisis average 18 people every shiff.

## METHODS

This research is descriptive research by survey to describe self concept of chronic kidney disease patients undergoing hemodialysis. The sampling methods is *purposive sampling* with 30 respondents based inclusion and exclusion criteria.

The instrument used in this research is modified questionair TSCS (Fitts, WH & Warren, WC 1996 adapted by Musyanawati 2015). Data was analyzed using univariate analysis in describing self concept and the change in components of self concept including body image, self ideal, self esteem, role, and identity by using frequency distribution.

## RESULTS AND DISCUSSION

The result of this result was presented on the tables of demography such as: gender, age, marital status, education level, work experience and self concept continuum as following tables:

Table.1 Frequency distribution of Gender

Gender	Number	Percentage
Male	15	50.0 %
Female	15	50.0 %
Total	30	100 %

Table. 2 Frequency distribution of Age

Age	Number	Percentage
Adolesent	1	3.3 %
Adult	8	26.7 %
Elderly	21	70.0 %
Total	30	100 %

Table.3 Frequency distribution of Marital Status

Marital Status	Number	Percentage
Married	21	70.0 %
Unmarried	2	6.7 %
Widow	7	23.3 %
Total	30	100 %

Table. 4 Frequency distribution of Education Level

Education Level	Number	Percentage
Primary School	10	33.3 %
Junior High School	3	10.0 %
Senior High School	11	36.7 %
Under and Post Graduate	6	20 %
Total	30	100 %

Table. 5 Frequency distribution of Work Experience

Work Experience	Number	Percentage
Farmer/Labor	4	13.33 %
Civil Servant/Army/Police	4	13.33 %
Entrepreneur	4	13.33 %
No work	18	60.0 %
Total	30	100 %

Table. 6 Frequency distribution of Self Concept Continuum

Self Concept	Number	Percentage
Adaptive	30	100 %
Mal Adaptive	0	0 %

Total	30	100 %
-------	----	-------

Table. 7 Frequency distribution of Body Image

Body Image	Number	Percentage
Positive	151	83.89 %
Negative	29	16.11 %
Total	180	100 %

Table. 8 Frequency distribution of Self Ideal

Self Ideal	Number	Percentage
Realistic	160	88.89 %
Unealistic	20	11.11 %
Total	180	100.0 %

Table.9 Frequency distribution of Self Esteem

Self Esteem	Number	Percentage
High	167	92.78 %
Low	13	7.22 %
Total	180	100%

Table .10 Frequency distribution of Role

Role	Number	Percentage
Satisfied	129	71.67 %
Unsatisfied	51	28.33 %
Total	180	100 %

Table.11 Frequency distribution of Self Identity

Self Identity	Number	Percentage
Clear	160	88.89 %
Negative	20	11.11 %
Total	180	100 %

Based on the table can be described that :

### 1. Self Concept

All 30 participants showed adaptive response. However based on participant response on the component of self concept can be explained as following. Body image range from positive and negative responses, self ideal range from realistic to unrealistic responses, self esteem range from high

to low responses. In term of role, participants have satisfaction to unsatisfaction response, and the identity of participant range from clear to negative identity. According to Gerogianni & Babatsiko (2014) Chronic disease such as CKD is continous and progressive process from how the people accept their body image to how they can adapt with the situation and condition during hemodialysis treatment. Patient with dialysis treatment have problem with their job, social status, financial and the limitation of diit in relation to the disease at the beginning.

## 2. Body Image

Table 7 showed that body image response of participants 83,89% positive and 16,11 % was negative. According to Suliswati, Payopo, Maruhawa, Sianturi & Sumijatun (2005) that body image was dynamic, can be changed when the perception and experience also change. When the people already accept their body well, they also will accept the changes of their body. Gradually people will get feeling safety and free from anxious condition. Individual who accept his body image realistically, He/She will have higher self esteem that other who does'nt like his/her body. Oxtavia (2014), supports this study result that people with problem of altered body image have little chance to have good quality of life than other people who don't have the problem.

## 3. Self Ideal

Response of participants in relation to ideal diri due to hemodialysis showed that 88,89% was realistic while 11,11 % response was unrealistic. Suliswati, Payopo, Maruhawa, Sianturi & Sumijatun (2005) stated that self ideal is internal regulation that help individual to maintain capacity to deal with conflict or confusing condition in order to balancing and maintaining mental health.

Fear is the most emotional feeling of patient with CKD undergoing hemodialysis(Andri 2012) Patients often experienced fear about future and getting denial and anger with their condition. Fear and grieving result from feeling dependent during lifetime and dependent on hemodialysis. This feeling couldn't be avoided and usually the patients make someone else surrounding them as an object to be scolded.

## 4. Self Esteem

This research can be concluded that 92,78% responden undergoing hemodialysis showed high self esteem. It might be the family giving more help and care for the patient, the patient still have time to interact with others, and stiiil have existency. Overall respondents think that every person has strength and limitation. Respondents can adapt with the change and pressure during ongoing hemodialysis because they have positif feeling and high self esteem. This statement is supported by other researcher ( McLeod 2008) where people who have high self esteem have positive thinking. It will contribute to person'confidence to the own capability, acceptance to themselves, no worries about other's thinking and optimism.

From the table 9 there was 7,22% response refer to low self esteem such as feeling useless, feeling unhelped by family, and lack of interaction with others, feeling unimportant and easy quitter. Low self esteem and other components of self concept correlated each other due to horrible effect. According (Andri 2012), CKD patients often loss of control. They need more time to adapt with the situation such as role change, feeling as a burden for the family and the effect of hemodialysis itself to the change of body image.

## 5. Role

From table. 10 can be seen that 28,33% response of CKD patient

showed unsatisfied role. This result supported by data such as: the patient can not participate in community activity, loss job and less participation in decision making in the family and community, and lack of concentration. Potter & Perry (2010) stated that one of stressor for role performance is sick role where this role included family and community expectation about how the people suffering from the disease can behave as patient. Role conflict occur when patient's expectation and other's expectation conflict each other.

Physical limitations and mental or emotional force have impact on individual and community. The physical limitation can impact on the limitation on social role then this situation will influence the relationship among patient, family and community (Bayhakki & Hatthakit 2012).

On the other hand the research showed that 71,67% response of CKD patient undergoing hemodialysis was satisfied with their role. The patients still had chance to give attention and respected by the family, could contribute to make decision making in family and community, have capability to think critically, still work actively and participating in the community activity. The emotional and financial support from the family is needed by sick people based on social and traditional value. Then the relationship among individu, family and community can be maintained optimally (Petrini, Y cited in Bayhakki & Hatthakit 2012).

#### 6. Self Identity

A number of 88,89% response of CKD undergoing hemodialysis showed clear identity such as feeling part of the family and community and respect to themselves. This statement was proved by the patients stated to not hate themselves, feeling happy, not felling weakness, and only feeling

different with others. With clear identity person thinks himself as unity, unique and different with others. This perception has impact to other components of self concept. Achieving self identity is the important thing to gain closed relationship as the people expressed their identity during making relationship with others( Stuart & Laraia 2007, Potter & Perry 2010).

Although most of response of identity was clear identity, the number of 11,11% response of CKD patient was negative identity. This negative identity appeared from unhappy feeling, hating himself, feeling weakness, and feeling different with others as negative feeling. This feeling might occur because CKD patients assumed that they can't fulfil their and other's expectation. CKD and hemodialysis and medication give impact on various things such as the change of self perception and identity, time for working and recreation, marital status, and relationship. CKD is struggling disease in which this disease need continuous treatment such as diit management, treatment scheduling including hemodialysis that result in the change in self function( Psychonephrology 2015). Patients undergoing dialysis have many psychological disorders and the type of dialysis is not of much importance in this regard; so, adequate education and information for clients in order to use appropriate methods of adaptation as well as appropriate social relationship, continuing social support and developing health policies seem necessary in order to prevent mental disorders and providing required services and supports for patients (Shahgholian, N, Tajdari, S, & Nasiri, M 2012). Self concept clarity and identity commitments influence each other reciprocally across days, the day to day changing in identity predicted later



anxiety and depression (Schwartz 2010).

## CONCLUSION AND RECOMMENDATION

This research recruited 30 CKD patients undergoing hemodialysis in dr Soeradji Tirtonegoro hospital. It can be concluded that a hundred persen of the patient had adaptive self concept, however there is still a chance for patient to have change in the component of self concept. Body image of respondents is in the positive and negative ranges. Ideal self of respondents are in the realistic and unrealistic ranges. Self esteem of respondents is in the high and low range. Role of respondents are in the performance unsatisfactory and satisfactory. Identity respondents are in the range of clear identity to negative range. The result of the research suggested to the family, care giver, health professional including nurses who caring for patients with hemodialysis to maintain and give attention to support and spirit to avoid adaptive self concept developed to be maladaptive self concept as there is still changes in component of self concept that risk to the development of maladaptive self concept. As nurses who closed to patient should applying caring factor, giving attention to the patient, empathy and giving accurate information to the patients. Qualitative research can be conducted for the future research in order to gain depth information about self concept of CKD patient conducting hemodialysis.

## REFERENCES

- Afiatin 2014, *Simposium Dialisis Indonesia Renal Registry*. Available from <http://ipdi.or.id/materi%20toni/baru/3.%20dr.%20Afiatin%20%20IRR%20simpondilaiisis.pdf>
- Andri 2012, *Aspek Psikososial Pasien Gagal Ginjal Kronik*. Available from [http://www.kompasiana.com/psikosomatik\\_andri/aspekpsikososialpasien-](http://www.kompasiana.com/psikosomatik_andri/aspekpsikososialpasien-)
- [gagalginjal\\_55123a95a33311c856ba7ff5](http://www.kompasiana.com/psikosomatik_andri/aspekpsikososialpasien-gagalginjal_55123a95a33311c856ba7ff5)
- Armiyati, Y 2014, *Faktor yang Berkorelasi terhadap Mekanisme Koping Pasien CKD yang Menjalani Hemodialisis di RSUD Kota Semarang*. Available from <http://jurnal.unimus.ac.id/index.php/psn12012010/article/download/1220/1273>
- Arova, F N 2014, *Gambaran Self – Care Management Pasien Gagal Ginjal Kronis dengan Hemodialisis di Wilayah Tangerang Selatan Tahun 2013*, Available from <http://repository.uinjkt.ac.id/dspace/bitstream/123456789/25554/1/FA%20NURMALA%20AROVA%20-%20fkik.pdf>
- Asti, A D, Hamid, A Y S, & Putri, YSE 2014, *Gambaran Perubahan Hidup Klien Gagal Ginjal Kronis yang Menjalani Hemodialisa*. Available from <http://ejournal.say.ac.id/ejournal/index.php/jkk/article/download/62/62>
- Bayhakki, B & Hatthakit, U 2012, *Lived Experiences of Patients On Hemodialysis A Meta-Synthesis*. Available from [https://www.researchgate.net/publication/232244841\\_Lived\\_Experience\\_of\\_Patients\\_On\\_Hemodialysis\\_A\\_Meta-Synthesis](https://www.researchgate.net/publication/232244841_Lived_Experience_of_Patients_On_Hemodialysis_A_Meta-Synthesis)
- Boyatziz, R E & Akriyou, K 2006, *The Ideal Self as the Driver of Intentional Change*. Available from [http://www.case.edu/provost/ideal/doc/Boyatzis\\_2006\\_idealself.pdf](http://www.case.edu/provost/ideal/doc/Boyatzis_2006_idealself.pdf)
- Corwin, E J 2009, *Buku Saku : Patofisiologi, Edisi 3*, EGC, Jakarta.
- Fitts, WH & Warren, WC 1996, *The Tennessee Self Concept Scale, Second Edition: Adult form*, Western Psychology Services, LOS Angeles , California. Available from <http://www.wpspublish.com>.
- Gerogianni, SK & Babatsiko, F P 2014, *Psychological Aspect in Chronic*

- Renal Failure*. Available from <http://www.hsj.gr/medicine/psychological-aspects-in-chronic-renal-failure.pdf>.
- Hill, NR, Fatoba, ST, Oke, JL, Hirst, JA, O'Callaghan, C.A., Laseserson, JS, Hobbs, FDR 2016, 'Global Prevalence of Chronic Kidney Disease – A Systematic Review and Meta-Analysis', *PLoS ONE*, 6 July 2016. Available from <http://www.journals.plos.org>.
- Hyphantis, T, Katsoudas, S, & Voudiclari, S 2010, *Ego mechanisms of Defense are Associated with Patients' Preference of Treatment Modality Independent of Psychological Distress in End-Stage Renal Disease*. Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2846137/>.
- Kementerian Kesehatan RI 2013, Available from <http://www.depkes.go.id/resources/download/general/Hasil%20Risikedas%202013.pdf>.
- Lukman, N 2013, *Hubungan Tindakan Hemodialisa dengan Tingkat Depresi Klien Penyakit Gagal Ginjal Kronis*. Available from <http://download.portalgaruda.org/article.php?article=140993&val=5798>.
- McLeod, S A 2008, *Self Concept*. Available from [www.simplypsychology.org/self-concept.html](http://www.simplypsychology.org/self-concept.html).
- Musyanawati 2015, *Konsep Diri pada Pasien yang Menjalani Hemodialisa dan Continous Ambulatory Peritoneal Dialysis (CAPD) Di Rumah Sakit Umum Daerah Dr. Zainoel Abidin Banda Aceh Tahun 2015*. Available from <http://etd.unsyiah.ac.id/pdf.php?id=17366>.
- Oxtavia, V 2014, *Hubungan Citra Tubuh dengan Kualitas Hidup Pasien Gagal Ginjal Kronik yang Menjalani Hemodialisis*. Available from <http://jom.unri.ac.id/index.php/JO MPSIK/article/view/3487/3383>.
- Potter, PA & Perry, AG 2010, *Fundamental Keperawatan, Buku 2, Edisi 7*. Salemba Medika, Jakarta.
- Psychonephrology 2015, *Social Impact*. Available from <http://psychonephrology.com/index.php/social-impact/>.
- Schwartz, SJ 2010, 'Daily Dynamics of Personal Identity and Self-concept Clarity', *European Journal of Personality*, Vol 25, p375-385. Available from <http://sethschwartz.info/wpcontent/uploads/2010/08/Personal-Identity-and-Self-Concept-Clarity1.pdf>.
- Shahgholian, N, Tajdari, S, & Nasiri, M 2012, 'Reviewing and comparing self-concept in patients undergoing hemodialysis and peritoneal dialysis', *Iran Journal of Nursing and Midwifery Research*, 17(2 Suppl1): S85–S90. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3696965/>.
- Stuart, G W & Laraia, MT 2007, *Principles and Practice of Psychiatric Nursing*, 8<sup>th</sup> ed, Elsevier Mosby, St. Louis.
- Suliswati., Payopo, TA, Maruhawa, J, Sianturi, Y, & Sumijatun 2005, *Konsep Dasar Keperawatan Kesehatan Jiwa*. EGC, Jakarta.